Labat L	For	the year Jan. 1-Dec. 31, 2005, or other tax year beginning	g	200	5, ending		, 20	OMB. No. 154	5-0074
	Your first na	ame and initial	Last nam DECEAS	ED	- 2005101	5	Your soc	cial security number	
(See A B Instructions B	TEST	1	LIVINGWATE				400	0-00-5206	
	If a joint ret	urn, spouse's first name and initial	Last nam DECEAS		- 2005101	5		s social security numb	er
Use the IRS	Isab	nel	LIVINGWATE				-	0-52-2029	
label. H		ess (n'BROTCHER). If YOT VOTER GWAOTER 1339		•	Apt. no	Э.		ou must enter	
Cliletwise, E		RONALD RD					▲ y	our SSN(s) above	
· · • • • • • • • • • • • • • • • • • •		r post office, state, and ZIP code. If you have a foreign a	ddress, see page 16.				Checki	ing a box below w	ill not
Presidential	DRAE	OF D	UT 84	02	Λ			e your tax or refun	
Election Campa		Check here if you, or your spouse if filing joint				─,	·		
1	Single				usehold (with qualifying	nerson)			
Eilina	—	d filing jointly (even if only one had income)	the qua	alifyin	ng person is a child but r				
Status 3			this ch	ild's r	name here.				
Check only		filing separately. Enter spouse's SSN above and full	5 Quali	fuinc	g widow(er) with de	oondon	t child /	(soo pago 17)	
one box. nan	ne here. 6 a	Yourself. If someone can claim you as a d			` ' '	Jenuen		Boxes checked	
Exemptions	i	X roursen. Il someone can ciaim you as a u	ependent, do not che	CCK I	bux ua ••••	• • •		on 6a and 6b	2
•		X Spouse · · · · · · · · · · · · · · · · · · ·						No. of children	
	b	• • ·			(0) Demondently	(4) Ch	eck if	on 6c who:	
	С	Dependents:	(2) Dependent's social security number		(3) Dependent's relationship to	qualifyi	ng child Id tax see pg19	 lived with you did not live with 	
	(1) First nar		-	+	you	credit (you due to divorce or separation	
ii iiiole iilali loul	DAVID		<u>400-55-303</u>				X	(see page 20)	
	<u>BILL</u>		<u>400-55-403</u>				X	Danas danta an Ca	
	ROBER		<u>400-55-503</u>				X	Dependents on 6c not entered above	4
	<u>LISA</u>		400-55-603		<u>randchild</u>		X	Add numbers on	
		Total Halling of Grovering Golden Grammou	• • • • • • • • • •	• •		• • •	• • •	lines above	6
	7	Wages, salaries, tips, etc. Attach Form(s) W-2	2						
Income							7		
Attach Form(s)	8a	Taxable interest. Attach Schedule B if require	d • • • • • • • •	٠.			8a	200,	000_
W-2 here. Also	b	Tax-exempt interest. Do not include on line 8	a • • • • • • • • • • • • • • • • • • •	8b					
attach Forms W-2G and	9a	Ordinary dividends. Attach Schedule B if requ	uired • • • • •	• •		• • •	9a		
1099-R if tax	b	Qualified dividends (see page 23) • • • • •		9b					
was withheld.	10	Taxable refunds, credits, or offsets of state ar					10		
	11	Alimony received • • • • • • • • • • • • • • • • • • •					11		
If you did not	12	Business income or (loss). Attach Schedule	C or C-EZ · · · ·			· • • •	12		
get a W-2, see page 22.	13	Capital gain or (loss). Attach Schedule D if re	quired. If not required	d, ch	neck here 🕨 \cdots	•	13	1,	000
ere page ==:	14	Other gains or (losses). Attach Form 4797					14	3,	588
Enclose, but do	15a	IRA distributions · · · · · 15a	b	Ta	xable amount (see p	age 25)	15b		
not attach, any payment. Also,	16a	Pensions and annuities • • 16a	b	Ta	xable amount (see p	age 25)	16b		
please use	17	Rental real estate, royalties, partnerships, S of	corporations, trusts, e	etc.	Attach Schedule E		17	1,	500
Form 1040-V.	18	Farm income or (loss). Attach Schedule F					18		139
	19	Unemployment compensation • • • • • •					19	-	
	20a	Social security benefits • • 20a	2,200 b	Ta	xable amount (see p	age 27)	20b	1,	870
	21	Other income.						-	
		·					21		
	22	Add the amounts in the far right column for lir	nes 7 through 21. Thi	s is	your total income	•••	22	236,	097
	23	Educator expenses (see page 29) · · · ·		23				_	
Adjusted	24	Certain business expenses of reservists, performing arti	sts, and				1		
Gross		fee-basis government officials. Attach Form 2106 or 210	06-EZ • • • • • ·	24					
Income	25	Health savings account deduction. Attach For	m 8889 · · · ·	25			1		
	26	Moving expenses. Attach Form 3903 • • •		26			1		
	27	One-half of self-employment tax. Attach Sche	dule SE · · ·	27	1.9	988	1		
	28	Self-employed SEP, SIMPLE, and qualified p		28			1		
	29	Self-employed health insurance deduction (se		29			1		
	30	Penalty on early withdrawal of savings • •		30			1		
	31a	Alimony paid b Recipient's SSN ▶		31a			1		
	32	IRA deduction (see page 31) · · · · · ·		32			1		
	33	Student loan interest deduction (see page 33		33					
	34	Tuition and fees deduction (see page 34) •		34			1		
	35	Domestic production activities deduction. Atta		\rightarrow					
	36	Add lines 23 through 31a and 32 through 35					36	1	988
	37	Subtract line 36 from line 22. This is your adju					37	234,	
			J			_		204,	<u> </u>

2005

(99)

IRS Use Only-Do not write or staple in this space.

Department of the Treasury - Internal Revenue Service
U.S. Individual Income Tax Return

Form **1040**

Form 1040 (200	0-00-5206 Page 2			
Tax and	38	Amount from line 37 (adjusted gross income)	38	234,109
Credits	39a	Check You were born before January 2, 1941, X Blind. Total boxes		
Standard	١.	if: X Spouse was born before January 2, 1941, Blind. Spouse was born before January 2, 1941, Blind. Spouse was born before January 2, 1941, □ Blind. Spouse was born before January 2, 1941, □ Blind.	4	
Deduction	b 40	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 35 & check here temized deductions (from Schoolule A) or your standard deduction (see left massis)	10	16.055
for—	_ 4 0 _41	Itemized deductions (from Schedule A) or your standard deduction (see left margin) Subtract line 40 from line 38	40	10,000
 People who checked any 	42	If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina.		217,254
box on line	42	see page 37. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d	42	16 510
39a or 39b or who can be	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	10/012
claimed as a dependent,	44	Tax (see page 37). Check if any tax is from: a Form(s) 8814 b Form 4972 · · ·	44	2001132
see page 36.	45	Alternative minimum tax (see page 39). Attach Form 6251	45	+
All others:	46	Add lines 44 and 45	46	7,307
Single or Married filing	47	Foreign tax credit. Attach Form 1116 if required 47		19,570
separately, \$5,000	48	Credit for child and dependent care expenses. Attach Form 2441		
	49	Credit for the elderly or the disabled. Attach Schedule R • • • 49		
Married filing jointly or	50	Education credits. Attach Form 8863 50		
Qualifying	51	Retirement savings contributions credit. Attach Form 8880 · · · 51		
widow(er), \$10,000	52	Child tax credit (see page 41). Attach Form 8901 if required • • 52		
Head of	53	Adoption credit. Attach Form 8839 · · · · · · · · 53		
household,	54	Credits from: a Form 8396 b Form 8859 · · · · 54		
\$7,300	55	Other credits. Check applicable box(es): a Form 3800		
	,	b Form 8801 c X Form 8896 · · · · 55		
	56	Add lines 47 through 55. These are your total credits	56	
	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- · · · · · · · · •	57	49,578
041	58	Self-employment tax. Attach Schedule SE	58	3,976
Other	59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 •	59	
Taxes 2,	O 9 0	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required •	60	
FMSR	7 5 10	Advance earned income credit payments from Form(s) W-2	61	
	62	Household employment taxes. Attach Schedule H · · · · · · · · · · · · · · · · · ·	62	
	63	Add lines 57 through 62. This is your total tax	63	56,304
Payments	64	Federal income tax withheld from Forms W-2 and 1099 • • • • 64		
If you have a	_65	2005 estimated tax payments and amount applied from 2004 return •••• 65 3,000		
qualifying	66a	Earned income credit (EIC) 66a		
child, attach	b	Nontaxable combat pay election • • ▶ 66b		
Schedule EIC.	67	Excess social security and tier 1 RRTA tax withheld (see page 59) • • • • 67		
	68	Additional child tax credit. Attach Form 8812 • • • • • • • • 68		
	69	Amount paid with request for extension to file (see page 59) • • 69	_	
	70	Payments from: a Form 2439 b Form 4136 c Form 8885 70	-	
	71	Add lines 64, 65, 66a, and 67 through 70. These are your total payments	71	3,000
Refund	72 72-	If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid • • • • • • • • • • • • • • • • • • •	72	
Direct deposit?	73a	Amount of line 72 you want refunded to you	73a	1
See page 59 and fill in 73b,	▶ b	Routing number		
73c, and 73d.	▶ d	Account number Amount of line 72 you want applied to your 2006 estimated tax		
	74 75	Amount of line 72 you want applied to your 2006 estimated tax •••• 74 Amount you owe. Subtract line 71 from line 63. For details on how to pay, see page 60	75	E2 200
Amount	76	Estimated tax penalty (see page 60)	73	53,309
You Owe		3	Comple	ete the following. No
Third Party	-		Joinpic	te the following.
Designee		nee's name ANNA BURNESMITH Personal iden ▶801-555-1234 number (PIN)	itification	ⁿ ▶ 1 2 3 4 5
Sign		penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the		
Here		they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Joint return?	Your s	signature Date Your occupation		Daytime phone number
See page 17.		RETIRED		
Keep a copy	Spous	e's signature. If a joint return, both must sign. Date Spouse's occupation		801-555-5206
for your records.		FARMER		112 555 520
D-12	Prepar	Date	Pr	reparer's SSN or PTIN
Paid	signati			
Preparer's		name (or EIN		
Use Only		if self-employed), es, and ZIP code		
	addica		ne no.	

2005 TC-40 Rev. 12/05

Fiscal Year

1024

	Utah State Income Tax Dollars Fund Ed	lucation		Ame	nded Return	Utal	h Individua	l Income	e Tax Return
Your	Social Security No.TEST			т.	T1/TN/CW/A MED				X if deceased
	00005206 Isabel				IVINGWATER IVINGWATER				X X
4(BROTHER	TITVINGS	℧ℸℸℸ℧		IVINGWALER		2015	55520	
Spou	se's Soc. Sec. No. 341 RONA		WAILKS	,			0013	1333201	U
	00522029 DRAPER	מא מם		UT	84020				
1	Filing Status - enter code	2 Exem	ptions - er	nter number		3	Election Cam	paign Fun	d - enter code
	• C	а	1 Yo	ourself			C = Constitut	ion	Yourself Spouse
	A = Single	● b		oouse 🕨 f	rom federal return		D = Democra	at (• C • P
	B = Head of Household	С	4 De	ependents			G = Green		
	C = Married filing jointly	● d	1 Di:	sabled - see U	tah instr.		L = Libertaria	an	
	D = Married filing separately						P = Personal	Choice	Entering a code does
	E = Qualifying widow(er)	• e	7 To	otal exemptions	(add a through d)		R = Republic	an	not increase your tax
							N = No contr	ibution	or reduce your refund
4	Federal adjusted gross income from	m federal ret	urn					• 4	234109.
5	State income tax deducted as an it	temized dedu	uction on fe	ederal form 104	0, Schedule A, line	5		• 5	15559.
6	Additions to income from form TC-	40S, Part 1						6	1000.
7	Total adjusted income (add lines 4	through 6)						7	250668.
8	Standard or itemized deduction				• 8		16855.		
9	Personal exemptions deduction. M	lultiply \$2,400	0 by line 2e	е	• 9		14448.		
10	One-half of the federal tax				● 10		24789.		
11	State tax refund included on line 1	0 of federal fo	orm 1040		• 11				
12	Retirement exemption/deduction - Enter X if age 65 or older	use TC-40B ■ X Tax	payer	 X Spot 	• 12 use				
13	Other deductions from form TC-40	S, Part 2			13		2675.		
14	Total deductions (add lines 8 through	ugh 13)						14	58767.
15	Utah 2005 taxable income (subtract	ct line 14 fron	n line 7) If	less than zero,	enter zero.			⊕ 15	191901.
16	CALCULATE INCOME TAX	xpayers	Amount fro	om worksheet				● 16b	13191.
17	FOR NON OR PART-YEAR RESII Nonresident - home state:			form TC-40C Part-year resid	ent from		to		
	Enter information below from Utah	form TC-400	C (divide B	ox a by Box b t	o get a ration (decin	nal) for	Box c) No	n or part-ye	ear residents
	Box a - from Column A, line 32	ox b - from Colu	mn B, line 32	Box c - Utah	income tax ratio			(Line 16b	x Box c)
L	• 1	•			=			● 17	

Under penalties of perjury, I declare to the best of my knowledge and belief, this return and accompanying schedules reflect my true tax status.								
			s signature	Date				
HERE	11-28-2005				11-28-2005			
Third Party	Name of designee (if any) you authorize to discuss this return		Designee's telephone number	Designee	•			
Designee	JOANNA BURNESMITH		8015551234	PIN	12345			
Paid	Preparer's signature		Preparer's telephone number	Preparer's	•			
Preparer's				SSN/PTIN				
Section	Firm's name and address			Preparer's	•			
				EIN				

DRAKE SOFTWARE

4503.

40053 Income Tax Supplemental Schedule **TC-40S** Rev. 12/05 Taxpayer's last name Taxpayer's soc. sec. no. LIVINGWATER 400005206 Part 1 - Additions to Income (write the code and amount of each addition to income, see pages 5 and 6) 1000. 55 Code Code 51 Lump sum distribution 56 Child's income excluded from parent's return 57 52 State taxes allocated from estate/trust Municipal bond interest 53 Medical Savings Account (MSA) 60 Untaxed Income of a resident trust 54 Utah Educational Savings Plan (UESP) 61 Untaxed Income of a nonresident trust 55 Reimbursed adoption expenses Total additions to income (add all additions to income and enter total here and on TC-40, line 6) 1000. Part 2 - Other Deductions (write the code and amount of each other deduction, see pages 7 through 9) 200. 72 Code Code 71 Interest from U.S. Government Obligations 78 Railroad retirement income 74 100. 72 Medical Savings Account (MSA) 79 Equitable adjustments - attach explanation 73 Utah Educational Savings Plan (UESP) 81 Gains on capital transactions 150. 75 74 Health care insurance premiums 82 Nonresident active duty military pay 75 83 Long-term care insurance premiums National Guard/Reserve military pay 76 1750. 76 Adoption expenses 77 Native American income: 79 200. Enrollment Number & Tribe - Primary Secondary 81 275. Total other deductions (add all other deductions and enter total here and on TC-40, line 13) 2675. Part 3 - Nonrefundable Credits (write the code and amount of each nonrefundable credit, see pages 10 through 12) 100. 03 Code Code 01 09 At-home parent Hiring disabled 10 100. 02 Qualified sheltered workshop - enter name below 10 Recycling market 11 Tutoring disabled 12 03 Renewable energy systems Research activities 05 13 Clean fuel vehicle Research machinery/equipment 17 06 Historic preservation Tax paid to another state (attach TC-40A) 07 19 Live organ donation expenses Enterprise zone 80 Low-income housing Total nonreundable credits (add all nonrefundable credits and enter total here and on TC-40, line 19) 200. Part 4 - Refundable Credits (write the code and amount of each refundable credit, see pages 14 through 15) 1000. 41 Code Code 40 46 Targeted business tax credit Mineral production withholding 41 1000. 41 Special needs adoption credit 47 Agricultural off-highway gas/undyed diesel 43 Nonresident shareholder's withholding 48 Farm operation hand tools 41 1000. FEIN -41 1000. 135. 46 47 368.

Total refundable credits (add all refundable credits and enter total here and on TC-40, line 29)

LIVINGWATER	400-00-5206
Retirement Income Exemption/Deduction	TC-40B Rev. 12/05
You qualify to take the retirement income exemption/deduction if (1) you, or your spouse if filing jointly, are age	e 65 or older at the end of the tax
year; or (2) you, or your spouse if filing jointly, are under age 65 and received qualifying taxable retirement income	ome. See pages 6 and 7 of
instructions for definition of qualifying retirement income.	
1. Age 65 or older - Retirement Income Exemption	
	x \$7,500 = 1 \$ 15,000 00
If filing jointly, check the "Spouse"	15,000 1 15,000 15
box if spouse is age 65 or older.	
2. Under age 65 - Retirement Income Deduction (if you, and your spouse if filing jointly, are age 65 or	older skin to line 3)
Line 2a is limited to qualifying taxable retirement income up to \$4,800 per retiree and can only be used by t	
earned the income. ATTACH ALL FORMS 1099R, SSA-1099, or other documentation to support your dedu	
Self Spo	use
Date of birth	
a. Qualified retirement income • • • • • • • a. \$	
b. Retirement limitation • • • • • • • • b. \$ 4,800 \$ 4,80	
c. Enter the lesser of a or b for each column. • •c. \bigs\text{\$ + \bigs\text{\$}}	= 2 \$ 00
Add Self and Spouse amounts on line c. for total.	
3. Total (add lines 1 and 2) · · · · · · · · · · · · · · · · · ·	15,000 00
4. Adjusted income	·
a. Enter federal adjusted gross income (form TC-40, line 4) • • • • • • • • • • • • • • • • • •	109
b. Enter any lump-sum distribution amount (form TC-40S, Part 1, code 51) • • • • b. \$	
c. Enter non-taxable interest amount (federal form 1040 or 1040A, line 8b) • • • c. \$	
Adjusted income (add lines 4a through 4c)	4 \$ 234,109 00
J	231/103
5. Enter: a \$32,000 if married filing jointly, head of household, or qualifying widow(er)	Round to neares
	, 000 00 whole dollar.
c \$25,000 if single	whole dollar.
6. Subtract line 5 from line 4 (if less than zero, enter zero)	109 00
6. Subtract line 5 from line 4 (if less than zero, enter zero)	, 109 00
7. One half of line C //ine C divided by 0)	7 101 055 00
7. One-half of line 6 (line 6 divided by 2)	7 101,055 00
8. Subtract line 7 from line 3. This is your retirement exemption/deduction. Enter on TC-40, line 12.	8 \$ 00
Do not enter an amount less than zero.	

D2-10/13/05 DRAKE SOFTWARE

Taxpayer's social security number

Attach completed schedule to your 2005 Utah income tax return Taxpayer's last name